

## ALMOST 40 MILLION AMERICANS UNINSURED, US NEWSPAPER REPORTS

Almost 40 million Americans were without health insurance in 1993, 1.1 million more than in 1992 and 9 million more than in 1987, *American Medical News* (AMN) reports. Overall, 15.3% of Americans had no health care coverage in 1993.

Citing data from the US Census Bureau, AMN reported that most of the uninsured were not destitute, as nearly 75% had incomes above the poverty line of \$15 000 for a family of four. Medicaid, a government program for the very poor, covered 12% of Americans, or 32 million people, in 1993. AMN said the continuing rise in the number of uninsured is likely to renew calls for universal coverage, although some sceptics, including the American Medical Association, suggested the figures might have been overstated.

## OREGON'S ASSISTED-SUICIDE LAW FACES RESTRAINING ORDER

Just weeks after Oregon voters approved a form of physician-assisted suicide, a judge issued a temporary restraining order that blocked its implementation. According to the *Associated Press*, Judge Michael Hogan issued the order because he wanted to hear arguments about whether the law is constitutional.

The law, approved by voters Nov. 8, 1994, allows terminally ill patients to request from a physician medication that will kill them. Many groups, including the Roman Catholic Church, are strongly opposed to the

law. The restraining order was requested by an Indiana lawyer who opposes assisted suicide.

## DIABETES RESEARCH GRANTS AVAILABLE

The Juvenile Diabetes Foundation Canada is accepting applications for grants in diabetes research for the funding year Sept. 1, 1995, to Aug. 31, 1996. All applications are subject to peer review by the Medical Science Advisory Board of the Juvenile Diabetes Foundation International for evaluation of both the scientific merit of the proposal and the qualifications, experience and productivity of the investigator, as well as the relationship of the research to the cause, cure, treatment or prevention of diabetes mellitus and its complications.

Applications are available from Sandra Evan-Jones, Juvenile Diabetes Foundation of Canada, 80 Granton Drive, Richmond Hill ON L4N 2B5; 905 889-4171; (fax) 905 889-4209. Part I of the application must be received by Feb. 15, 1995.

## BC PHYSICIAN GUILTY OF ARRANGING PATIENT'S MURDER

A British Columbia doctor has been found guilty of arranging the murder of a patient to prevent her from testifying against him on a charge of sexual misconduct (see College bitter as courts quash or reduce MDs' sexual-abuse penalties. *Can Med Assoc J* 1993; 149: 1503-1505, 1507-1509). According to a Nov. 30 report in the *Globe and Mail*, Dr. Joseph Charalambous was found guilty of first-degree

murder and conspiracy to commit murder in the shooting and beating death of 20-year-old Sian Simmonds. The conviction carries a life sentence, with no chance of parole for 25 years.

Charalambous, who graduated from the University of British Columbia in 1981, had told the court that Simmonds' complaints were lies and any threats he made against her were just loose talk. However, the man who confessed to killing Simmonds said he was coerced into the act through drug debts he owed to one of Charalambous' associates. It was not Charalambous' first brush with notoriety. He had been charged several years ago with improper sexual activity involving a 14-year-old patient, whom he subsequently married; the British Columbia College of Physicians and Surgeons had sentenced him to a year's suspension and a fine after finding him guilty of "infamous conduct."

## QMA SPONSORS HEALTH SHOW IN MONTREAL

About 14 000 people attended the first-ever health show, Salon des sciences de la santé, sponsored by the Quebec Medical Association (QMA) and the CMA at Montreal's Palais des Congrès during November. Visitors were guided through a series of theme pavilions where different aspects of medicine were explored. Physicians from different fields, including ophthalmology, family and adolescent medicine, mental health, cardiology, public health, oncology and geriatrics answered questions and demonstrated equipment.

According to *QMA Express*, the show was developed by a number of Quebec physicians, including Dr.

Léon Dontigny of Hôpital du Sacré Coeur, Dr. Denis Gravel of Hôpital Notre-Dame, and Dr. Jean Latreille of Hôtel-Dieu de Montréal. It may become an annual event.

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## **OMA WANTS TOUGH ACTION ON DRUNK DRIVERS**

The Ontario Medical Association (OMA) has called on government, educators, health care professionals and law-enforcement agencies to get tough with people who drive while impaired. Noting that accidents related to drinking and driving are the leading cause of death among Canadians under age 25, OMA President Michael Wyman said in a news release that an aggressive, integrated strategy is required "to prevent the needless carnage and suffering drunk driving continues to cause."

The OMA made 15 recommendations, including calls for harsher penalties and deterrents. These included immediate seizure of the driver's licence of anyone charged with drinking and driving and lower legal blood-alcohol levels. The OMA also called for, where necessary, incarceration and permanent suspension of driving privileges. For repeat offenders there would be immediate and indefinite impounding of the driver's vehicle and mandatory rehabilitation programs.

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## **SMA RESPONDS TO WIDE-SWEEPING CHANGES CAUSED BY REGIONALIZATION**

Although Saskatchewan's move to regionalized health care means physicians must "acquire the protection afforded by collective agreements," the president of the Saskatchewan Medical Association (SMA) does not foresee the SMA becoming a union "as defined under the Trade Union Act." However, Dr. Jim Melenchuk does think the SMA will become "the collective-bargaining agent for physicians by their democratic choice."

In a president's letter sent to SMA members in November, Melenchuk said that because of wide-sweeping structural and organizational changes resulting from regionalization, physicians' relationship with government has to be redefined. "When the dust has settled," he wrote, "I expect that fee-for-service contracts and most alternate-payment models, including salary, sessional and contract, will be negotiated centrally between the SMA and provincial government. . . . At the district level, terms and conditions of engagement, appeal mechanisms related to privileges and aspects related to physician-resource management would be negotiated locally."

"When all is said and done," added Melenchuk, "there will be legislative protection for each and every physician that guarantees a fair process for determining remuneration and terms and conditions of engagement."

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## **ATTITUDES TOWARD POVERTY CHALLENGED**

The National Anti-Poverty Organization (NAPO) has developed a training curriculum and video for people in the helping professions, including physicians, who work with the poor. NAPO says the nature and quality of services is affected by the attitudes of providers toward poverty and the poor. The curriculum and video present historical, statistical and topical information, and challenge providers to rethink their attitudes. Information is available from NAPO, 316-256 King Edward Ave., Ottawa ON K1N 7M1; 613 789-0096; (fax) 613 789-0141.

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## **COFFEE SALES BENEFIT HOSPITALS**

Coffee-loving physicians, patients, staff and visitors at The Toronto Hospital drink 8000 cups of coffee from a special coffee bar every week, and they give the hospital a financial boost in the process. Through a Cappuccino Bar program established by Second

Cup Coffee Inc., nonprofit organizations such as hospitals, universities and colleges earn back a percentage of coffee sales by purchasing or providing space for franchises.

In 1990 Mount Sinai Hospital in Toronto became the first institution to introduce a Second Cup Cappuccino Bar, and to date it has contributed more than \$800 000 to the hospital coffers. The shops require little space. At St. Michael's Hospital in Toronto, for instance, a former storage room has been converted to revenue-generating space. Second Cup says more than \$1.3 million is being contributed annually to 22 nonprofit organizations across Canada. Fifteen more franchises are expected to open this year in Canadian hospitals, universities and other "nontraditional" locations.

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## **FACTORS AFFECTING CARDIAC-ARREST SURVIVAL RATES TO BE STUDIED**

A University of Ottawa professor of emergency medicine is undertaking a 5-year study to determine whether paramedics improve the survival rates of cardiac-arrest and trauma patients. Dr. Ian Stiell heads the Ontario Pre-hospital Advanced Life Support Study, which is supported by \$750 000 in funding from the Ontario Ministry of Health. The study will evaluate the benefits of introducing rapid defibrillation and advanced life support (ALS) programs in 21 Ontario communities.

In the *University of Ottawa Gazette*, Stiell said there is tremendous variation in the effectiveness of paramedic programs in other countries. However, "no one really knows, in those systems that perform well, what it is about them that works." The American Heart Association identified four critical links in the chain of survival during cardiac arrest: early access, such as an emergency telephone system; early cardiopulmonary resuscitation; rapid defibrillation; and ALS. The Ontario study will focus on the latter two links to determine their relative effectiveness.